

DENTAL PROGRAMS

	CIGNA DMO Dental Plan	CIGNA PPO Dental Plan		Eastern Benefit Systems
		In-Network	Out-Of-Network	
Provider	Participating Provider	Participating Provider	Any Provider	Any Provider
Claim Process	Pay dentist scheduled fee	Dentist will bill you	Must submit claim forms	Must submit claim forms
Annual Deductible per: Individual/Family (For basic & major restorative dental services. Does not apply to preventive services.)	N/A	\$25/\$75 (in and out-of-network combined)		\$25/\$75
Calendar Year Maximum Benefit per Person (For all services other than orthodontia.)	N/A	\$1000 (in and out-of-network combined)		\$1000
Orthodontic Lifetime Maximum Benefit per Person	N/A	\$1000 (in and out-of-network combined)		\$1000
Dependent Children Age Limit	To age 19. End of year age 23 if full-time student.	To age 19. End of year age 23 if full-time student.		To age 19. End of year age 23 if full-time student.
Reimbursement Based On	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
Class 1 (Preventive & Diagnostic)	Approximately 100%	80%	70%	Approximately 55%
Class 2 (Basic Restorative Care)	Approximately 75%	60%	45%	Approximately 37%
Class 3 (Major Restorative Care)	Approximately 58%	50%	35%	Approximately 30%
Class 4 (Orthodontia)	Approximately 44%	50%	50%	Approximately 50%